## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

PERIAL NO.

PILING DATE

APPLICANT(s)

## CLAIMS

	AS FILED		AFTER IN AMENDMENT		AFTER 184 AMENDMENT			AS FILED		AFTER IN AMENDMENT		AFTER 386 AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND,	DEP.
1							51						
2	-						. 63						
3		<u>:</u>					53	'					
4		<u>  </u>					54	`					
5							55				<u> </u>		
` 6							56						
7	1						57				<u> </u>	<u> </u>	
8						ļ	58					<u> </u>	
9	1						59						
10		1 1/					60						
11	<u> </u>	1.					61	<u> </u>		<u> </u>	<u> </u>		
12		3					62					<u>.</u>	
13	<u> </u>						63						
14							_ 64						
15	<u> </u>						65						
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17	<b> </b>			<u> </u>	<u> </u>		67						
18	<u> </u>						68						
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TOTAL IND.	3	4		4		. 4	TOTAL		Ψ		4		4
TOTAL DEP.	14	<b>+</b>		<b>+</b>		<b>+</b>	TOTAL DEP.		<b>.</b>		+		<b>+</b>
TOTAL CLAIMS	17	Ţ <u>.</u>	<del>                                     </del>		<del>                                     </del>		TOTAL	-	100	<del>                                     </del>		<del>                                     </del>	

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